

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Masaaki IKEDA, et al.**

Docket No.

15115/018001

Application No.

10/084,641

Filing Date

02/27/2002

Examiner

W. D. Markham

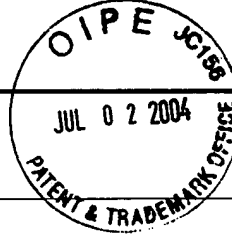
Customer No.

22511

Group Art Unit

1762

Invention:

MANUFACTURING METHODS AND APPARATUSES OF AN OPTICAL DEVICE AND A REFLECTION PLATE PROVIDED WITH A RESIN THIN FILM HAVING A MICRO-ASPERITY PATTERN

I hereby certify that the following correspondence:

Reply Under 37 CFR 1.111*(Identify type of correspondence)*


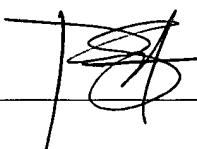
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July 2, 2004*(Date)***Charlotte L. Cookingham***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EV 421049994 US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

7-6-04

1762

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 15115/018001	
Applicant(s): Masaaki IKEDA, et al.					
Application No. 10/084,641	Filing Date 02/27/2002	Examiner W. D. Markham	Customer No. 22511	Group Art Unit 1762	Confirmation No. 3692
Invention: MANUFACTURING METHODS AND APPARATUSES OF AN OPTICAL DEVICE AND A REFLECTION PLATE PROVIDED WITH A RESIN THIN FILM HAVING A MICRO-ASPERITY PATTERN					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	31 -	31 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0591 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 #45,079 Signature			Dated: 7/2/04		
Jonathan P. Osha, Reg. No. 33,986 OSHA & MAY L.L.P. 1221 McKinney Street, Suite 2800 Houston, Texas 77010 Telephone: (713) 228-8600 Facsimile: (713) 228-8778			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					